

BUSINESS LICENSE APPLICATION BRIGHTON COMMERCIAL BUSINESS

Welcome to the City of Brighton Business Community!

This application is for a City of Brighton Business and sales tax license for businesses that have a physical commercial location within the Brighton City Limits. If you have multiple locations in Brighton each location will require its own separate license. There is no general business license application fee.

The following documents are required for commercial businesses:

- General business license application**
- Commercial Zoning questionnaire**
- Utility Survey**
- Sales tax addendum**
- Proof of ownership or lease agreement.**
- Floor Plan** – One copy per floor/space the business will occupy (printed or hand-drawn is acceptable)
- If applicable, copy of any required specialized or trade or profession licensing**

These can include, but are not limited to:

- City of Brighton Contractor's License – contact the building division for more information
- City of Brighton Conditional Use Permit – contact planning for more information
- Health Department License
- Federal Firearms License

For information on what is and is not allowed in the City of Brighton please contact the planning division.

Incomplete applications will not be accepted. Upon approval of required forms the City's Finance – Sales Tax Division will email your license and information packet.

CONTACTS

Sales Tax Division

SalesTax@Brightonco.gov
303-655-2041

To schedule in-person appointment go to
[Calendly.com/brightonco-tax-licensing](https://calendly.com/brightonco-tax-licensing)

Planning Division

klesser@brightonco.gov
303-655-2059

Building Division

Istop@brightonco.gov
303-655-2017

Fire Department

inspections@brightonfire.org
303-659-4101

Utility Survey – Moustapha Agrignan

magrignan@brightonco.gov
303-655-2284



500 South 4th Avenue Brighton, CO 80601
www.brightonco.gov

GENERAL BUSINESS LICENSE APPLICATION

Sec. 3-28-140 of the Brighton Municipal Code requires all those engaged in business in the City as defined in the Code to have a business license, which also serves as the sales tax license. There is no fee to apply for a general business license. Please note that additional forms, permits, licenses, and/or approvals may be required depending on your proposed business activity.

Submit application with all required documentation to SalesTax@Brightonco.gov OR mail to City of Brighton, Attention Sales Tax, 500 S 4th Ave, Brighton, CO, 80601.

Licenses will be emailed to the email address(es) listed on this application. If you need a hard copy of your license please contact us at 303-655-2041 or SalesTax@Brightonco.gov.

GENERAL INFORMATION			
Reason for filing application (mark all that apply) <input type="checkbox"/> New Business in Brighton <input type="checkbox"/> Change of location <input type="checkbox"/> Expansion of current business <input type="checkbox"/> Change of ownership <input type="checkbox"/> Other: _____ <input type="checkbox"/> Renewal License # _____		Proposed Start Date in Brighton	
Desired reporting Frequency: <input type="checkbox"/> Annual (service only / minimal tax due) <input type="checkbox"/> Quarterly (tax due is \$40/month or less) <input type="checkbox"/> Monthly (tax due is more than \$40/month)			
Please provide a general description of your business:			
BUSINESS INFORMATION			
Business Name (<i>Or sole proprietor name</i>):		DBA (<i>Doing Business As</i>):	
Business Address (<i>No PO Box, include unit # if applicable</i>):		City	State Zip
Mailing Address (<i>If different than above</i>):		City	State Zip
Federal ID #:		State Sales Tax #:	
Type of Business: <input type="checkbox"/> Individual/Sole Proprietor (requires affidavit of lawful presence) <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____		Business Phone #:	
		Business E-mail:	
		E-mail License to:	

TAX PREPARER INFORMATION <i>If Applicable</i>			
Tax Preparer Name:			
Tax Preparer E-mail:		Tax Preparer Phone #:	
Tax Preparer Address:	City	State	Zip

FOR COMMERCIAL AND HOME BUSINESSES WITHIN THE BRIGHTON CITY LIMITS			
Property Owner Name:			
Property Owner E-mail:		Property Owner Phone #:	
Property Owner Address:	City	State	Zip

OWNERS/OFFICERS Confidential Information			
Name:	Title	Phone #:	
Address	City	State	Zip
Name:	Title	Phone #:	
Address	City	State	Zip
Name	Title	Phone #:	
Address	City	State	Zip

AFFIRMATION AND SIGNATURE			
<p><i>I declare, under the penalty of perjury in the second degree, and by signature affixed hereto, that this application is complete and accurate to the best of my knowledge and belief, and that the statements made herein are made in good faith pursuant to the Colorado tax laws and regulations. I understand that it is my responsibility to operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.</i></p>			
Signature of Owner/Officer or Authorized Rep	Printed Name	Title	Date



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CERTIFICATE OF COMPLIANCE OR COMPLETION

This form becomes part of the Business License Application Submittal. An inspection of the location may be required. For questions on this form and/or inspection requirements please contact the City's Building Division at 303-655-2017 or Istop@brightonco.gov

Check all that apply: Construction of new building Renovation to existing building
 Change of ownership of building Change of ownership of business
 Change of use in building Other: _____

Name of business: _____

Address of Building / Business: _____ Unit #: _____

Local Contact Name: _____

Local Contact e-mail: _____ Local contact phone #: _____

Is the building a new construction?	YES	NO
Will there be any changes to the floor plan of the building?	YES	NO
Will there be any change to the electrical system?	YES	NO
Will there be any changes to the plumbing system?	YES	NO
Will there be any changes to the heating or cooling system?	YES	NO
Is the building equipped with a fire sprinkler system?	YES	NO
Is the building equipped with a fire alarm system?	YES	NO
Will there be any changes to the fire sprinkler or alarm systems?	YES	NO
Will the business require use of hazardous chemicals or processes?	YES	NO

What is the principal use of the space you will occupy? _____

What was the previous use of the space you will occupy? _____

I hereby attest that the information stated above is true and correct to the best of my knowledge and that I am the owner or legal representative of the owner of the proposed business. I understand that is my responsibility operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.

Applicant Signature

Date

Applicant E-mail

Applicant Phone #:



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COMMERCIAL ZONING QUESTIONNAIRE

This form becomes part of the Business License Application Submittal. An inspection of the location may be required. For questions on this form and/or inspection requirements please contact the City's Planning Division at 303-655-2059.

Name of business: _____

Address of Building / Business: _____ Unit #: _____

1. Describe the type of business activity _____

2. What was the previous business activity for the location?

3. How many parking spaces are currently provided on-site for your use? _____

4. Will the business include any age-restricted activities? (alcohol, tobacco, etc.) **YES** **NO**
If yes please describe _____

5. What changes, if any, will there to the site? (this can include landscaping, parking access, trash collection, fencing or outdoor storage) _____

6. What changes, if any, will there be to the outside of the building? (this can include repainting, re-facing the exterior, roofing/windows or additions) _____

7. What is the square footage of the existing building? _____

8. What is the square footage of the proposed / new building (if applicable)? _____

9. Will there be animals on the property as part of the business? **YES** **NO**

I hereby attest that the information stated in this addendum is true and correct to the best of my knowledge. I understand that is my responsibility to operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.

Applicant Name

Applicant Signature

Date

Applicant E-mail

Applicant Phone #:

The Utilities Department is requesting your assistance in responding to these questions to enable the increased protection of services and to satisfy state and federal regulations. Please note that all commercial and industrial businesses MUST have Backflow Prevention Assemblies on all domestic, fire, and direct tap irrigation lines.

1. Is the business applying for the license also responsible for paying the utility bill to the City of Brighton?

YES NO

2. Are any of the following components found within the building? (Please check all that apply)

- Boiler
- Fire Protection system
- Irrigation system
- Corrosion or scale inhibitors
- Hydraulic aspirators
- Swimming pool, pond, or ornamental fountains
- Tanks, vats, or vessels containing toxic substances, chemicals, or liquids
- Second source of water/auxiliary supply: raw water from wells, water tanks
- Outdoor hose bibs
- Chemical injector or feeder systems
- Solar heating system
- Air conditioning cooling tower
- Pumps

3. Is Wastewater discharged into the city sanitary sewer system through any of the following (check all that apply)

- Bathrooms
- Floor drains
- Dry cleaning equipment
- Medical, dental, or laboratory facilities
- parts cleaning
- Kitchen waste/food preparation & processing
- Other, such as X-ray machine (describe): _____
- Manufacturing equipment
- Laundry equipment or car wash
- Paint booth(s)
- Plating facilities
- Cooling water discharge

4. Are backflow prevention assemblies in place on the property? **YES NO**

5. Please list all backflow prevention assemblies on property (contact property owner if unsure)

ASSEMBLY MAKE	MODEL	SIZE	LOCATION	LAST TESTED

6. Are any of the following devices installed at the property? (Check all that apply and describe their location)

- Sand/oil interceptor: _____
 - Grease interceptor: _____
 - Evaporator/clarifier: _____
 - Sand/oil separator: _____
 - Amalgam separator: _____
 - Paint separator: _____
 - Distillation unit: _____
 - Neutralization tanks: _____
 - Grease trap: _____
 - Other (describe): _____
- (Typically, under sink)



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SALES TAX ADDENDUM

This form becomes part of the Business License Application Submittal. Per the *Brighton Municipal Code Sec. 3-28-85 – Proof of exemption; responsibilities of taxpayers; licenses* City tax shall be remitted on the price paid for tangible personal property acquired with the purchase of a business and for use in the operation of such business.

If purchasing an existing city business:

Name of Business Purchased _____

Name of former owner _____

Former owner e-mail _____ Former owner phone #: _____

Please check one. I certify the following regarding fixed assets (i.e. furniture, machinery, equipment, etc.)

- I am NOT purchasing an existing city business
- I am purchasing an existing city business and the purchase did NOT include fixed assets. I am enclosing proof that fixed assets were not included in purchase of the business.
- I am purchasing an existing city business. The purchase included fixed assets *and* the seller charged tax on the price or value of the fixed assets.

I am enclosing proof that City of Brighton tax was charged on the price of the fixed assets as part of the purchase. (Note documentation must separately show the price of the fixed assets and sales tax charged.)

- I am purchasing an existing city business. The purchase included fixed assets *and* the seller did not charge City of Brighton sales tax on the price or value of fixed assets. I am enclosing sales tax payment for the fixed assets.

Value of fixed Assets: _____

City of Brighton Tax at 3.75%: _____

I hereby attest that the information stated in this addendum is true and correct to the best of my knowledge. I understand that is my responsibility to operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.

Applicant Name

Applicant Signature

Date

Applicant E-mail

Applicant Phone #:

Please make checks payable to City of Brighton and return to

City of Brighton
Attn: Sales Tax Division
500 S 4th Ave
Brighton CO, 80601